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PTC/SB/01 (04-05)
Approved for use through 07/31/2008, OMB 0651-0032
U.S. Patern and Trademark Office U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persona are required to respond to a collection of information unless it contains a valid OMB control number, Attorney Docket \$-8500 US (1) DECLARATION FOR UTILITY OR Number First Named Inventor DESIGN Salvadori, Larry, et al. PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number 10/536,545 Filing Date Declaration Declaration 8/20/2004 OR Submitted after Initial Submitted Art Unit With Initial Filing (surcharge Linknown Filing (37 CFR 1.16 (a)) Examiner Name required) To Be Determined I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a parent is sought on the invention entitled: SURGICAL INSTRUMENT (Title of the Invention) the specification of which is attached hereto OR 08/20/2004 was filed on (MM/DD/YYYY) as United States Application Number or PCT International PCT/US2004/027011 Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filling date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, fisted below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priorily is claimed, Prior Foreign Application Priority Foreign Filing Date **Gertified Copy Attached?** Country Number(s) (MM/DD/YYYY) Not Claimed

[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1,83. The information is required to obtain or retain a benefit by the public which is to the (and by the UEPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1,11 and 1,14. This extlection is estimated to take 21 minutes to complete, including gathering, prepaint, and submitting the completed application form to the UEPTO. Time will vary depending upon the included case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pstern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Aboxandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 22313-1450.

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

if you need essistance completing the form, call 1-800-PTO-9199 and select option 2.

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	DECLARATI	ION — Uti	lity or D	esign	Patent A	pplicati	on	
correspondence to:	The address associated with Customer Number					OR		Corresponde address belo
Name								
Tyco Healthcare Group LP  Address		<del></del>						
IP Legal Department, 15 Hamp	shire Street							
City				State				ZIP
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United States of America		(508) 261	-8513			ipi	egal@iyo	moo, maorifiae de
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Direct all correspondence to:	The address associated with Customer Numbe	PF.			OR 🗸	Correspondence address below
Name					•	•
Tyco Healthcare Group LF Address IP Legal Department, 15 F						
City Manafield			State			ZIP 02048
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statements and the like false statements may jet NAME OF SIOLE OR FIL Given Name (first and m	opardize the validity o	f the application or a	any patent	s been filed	on.	gned inventor
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Martin W.		KERBER				
Inventor's Signature	refl			Date 11/3	3/0	
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Sanford City	FL State		32771 Zip	US Country		
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Attorney Docket Number S-8500 US (1)

PTO/58/81 (04-05)
Approved for use through 1 #/30/2005, CMB 0851-0035
U.S. Paters and Trademark Office; U.S. DEPART MENT OF COMMERCE

nder the Peperwork Reduction Act of 1895, no persons are t	equired to respond to a collection of in	increasion unless it displays a valid OMB control number		
POWER OF ATTORNEY and	Application Number	10/536,545		
	Filing Date	8/20/2004		
	First Named Inventor	Salvadori, Larry, et al.		
	Title	SURGICAL INSTRUMENT		
ORRESPONDENCE ADDRESS	Art Unit	Unknown		
INDICATION FORM	Examiner Name	To Be Determined		

I bereby revoke all	previous powers of attorney given i	n the above-ide	ntified application.			
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Practitioners ass	ociated with the Customer Number:					
Q.R.		***************************************				
Practitioner(s) na	armed below:			•		
	Name / Reg. No.	N	ame Registration Number			
Elizabeth A. O	Elzsbeth A. O'Brien, Reg. No. 46,128 Edward S. Jarmolowicz, Reg. 47					
Don Webber,	Reg. No. 34,275	Stephen	Faciszevski, Re	g. 36,131		
Douglas E. De	enninger, Reg. No. 31,752					
Wilkam Dee, F	Reg. No. 46,657					
as my/our attorney(s) o Trademark Office conn	r agent(s) to prosecute the application identi acted therewith.	fled above, and to tr	ansact all business in the Ur	nited States Patent and		
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number.  OR  The address associated with Customer Number.						
OR Firm or Individual I	Name Tyco Healthcare Group LP					
Address	12 Legal Department 15 Hampshire Street					
City	Mansfield	State	MA	ZIp 02048		
Country	United States of America					
Télephone	(508) 261-8000	Email	iplegal@lycohealthcate.or	om		
am the:   Applicant/Inventor.   Applicant/Inventor.     Assignee of record of the entire interest. See 37 CFR 3.71.     Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/95)   SIGNATURE of Applicant of Applicant of Record						
	SIGNATURE OF ARE	numit of resigned		10/18/05		
Signature	Jan Jan Ca		Date Telephone	610-250-8282		
11011#5	Lerry Salvadori	elthcare Group LP	reconone	017 D70 U3025		
	ne inventors or assignees of record of the entire int		ativo(s) are required. Submit mu	fliple forms if more than one		
signature is required, see	forms are submitted.	· · · · · · · · · · · · · · · · · · ·				

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POWER OF ATTORNEY	Application Number	10/536,545
	Filing Date	8/20/2004
and	First Named Inventor	Salvadori, Larry, et el.
CORRESPONDENCE ADDRESS INDICATION FORM	Title	SURGICAL INSTRUMENT
	Art Unit	Uriknown
MOTORY OR	Examiner Name	To Be Determined
	Attorney Docket Number	S-8500 US (1)

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I hereby revoke all prev	ious powers of attorney given in	the above-identified	application.			
I hereby appoint:						
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OR				•		
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Elizəbeth A. O'Brien,	Reg. No. 46,128	Edward S. Jaro	nolowicz.	Rec 67 238		
Don Webber, Reg. N	lo. 34,275	Stephen Facisz	evski. Re	e. 36.131		
Douglas E. Denningo	er, Reg. No. 31.752		Carolina, Ito	g. 503151		
William Dae, Reg. No	o. 46,657					
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The address associa OR The address associa OR	ne correspondence address for the above- ted with the above-mentioned Customer ated with Customer Number:					
Firm or Individual Name	Tyco Hazithcare Group LP					
Address	IP Legal Department 15 Hampshire Street					
City	Mensfield	State MA		Zlp 02048		
Country	United States of America					
Telephone	(508) 261-8000	Email iplegei@	)lycohealthcere.c	om.		
l am the:  ✓ Applicant/Inventor.  Assignee of record of the entire interest, See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
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Name Leo G	our V		Telephone	619-690-8585		
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PTO/SB/81 (04-05)

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POWER OF ATTORNEY and	Application Number	10/536,545	
	Filing Date	8/20/2004	
	First Named Inventor	Safvadori, Larry, ot al.	
	Title	SURGICAL INSTRUMENT	
CORRESPONDENCE ADDRESS	Art Unit	Unknown	
INDICATION FORM	Examiner Namo	To Se Determined	
	Attorney Docket Number	S-8500 US (1)	

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
Practitioners associated with the Customer Number:							
OR							
Practitioner(s) named below:							
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Éizabeth A.	Elizabeth A. O'Brien, Reg. No. 46,128 Edward						Reg. 47,238
Don Webbe	, Reg. No	. 34,275	Ste	phen	Faciszev	ski, Re	g. 36,131
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William Dee							
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City		Mansfield		State	MA		Zip 02048
Country		United States of America					
Telephone		(508) 261-8000		Email	iplegal@tyco	healthcare.	com
f am the:   ✓ Applicant/Inventor.  Ausignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96)							
_		SIGNATURE of Ap	oplicant or As	eengla	of Record		
Signature	1	enter MIK	a.L.			Date	11/3/05
Name	Martin	W, Kerber				Telephone	386-738-8372
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